



*Phases of Treatment & Stages of Healing for
Women Recovering from Substance Abuse,
Mental Illness & Trauma*



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Integrated Treatment Model for Women

- **Theories of addiction & mental illness**
 - **Disease model**
 - **Emotional, physical, psychological, spiritual, socio-political**
- **Theories of women's development**
 - **Relationships & mutuality as core elements**
- **Theories of trauma**
 - **Trauma informed treatment**

(Stephanie Covington)



Relational / Empowerment Approach

- Places substance abuse within larger socio-cultural, political & economic context
- Grounded in women's experiences & listening to women's *“voices”*
- Assists women in advocating for themselves / families, gaining access to resources and services
- Works towards larger systems change including service fragmentation, oppression, discrimination, etc.



Relational / Empowerment Approach

- **Builds on and validates women's strengths**
- **Fosters knowledge & skills needed for women to exercise greater control over their lives**
- **Consumer / survivor / recovering persons – participate in treatment planning, service design, program policies**



Process of Recovery Begins With:

- **Safety**
- **Building safe coping skills**
 - **Grounding**
 - **Self-soothing**
 - **Problem-solving**
- **Cope with symptoms / refrain from substance abuse & self harm**
- **Psychoeducation**



Safety

- **Healthy environments require physical / emotional safety for all**
- **Safety from: abuse / stalking by partners, family, other consumers, visitors, staff**



Safety

- Questions about current safety asked; safety plans developed for consumers in unsafe situations
- Aftercare plans take safety into account
- Emotional safety - in environments where a woman's experience is validated & her needs addressed



Relational, Trauma Informed Interventions

- **Help women to look at past behavior, substance use / abuse, as a consequence of attempts to cope with trauma, survive, establish & maintain connections**
 - **Promote self-empathy**
 - **Validate women's strengths**
 - **Model hope for change**
 - **Teach women to trust their own experience-the woman is an expert on her own reality**



Relational, Trauma Informed Interventions

- **Focus on development of safe, empathic, mutual, authentic relationships within this setting & within the setting to which they will return**
- **Validate the importance of relationships & relational skills**
- **Pay attention in treatment to relational issues and “disconnections” and address relational barriers to recovery**



- 1. Validate women's strengths in relationship**
- 2. Build on strengths, not view all relationships as negative**
- 3. Reframe as efforts to connect, not failure to separate / disconnect**
- 4. Model healthy, mutual relationships**
- 5. Teach women to distinguish healthy from unhealthy, destructive / unsafe relationships**
- 6. Teach women to develop & trust non-sexual relationships**
- 7. Teach women to express their own needs**
- 8. Address issues of sexuality & sexual orientation**
- 9. Teach women to label & manage feelings**
- 10. Address grief & loss**



- Involve *safe* intimate partners & significant others in treatment
 - Safety must be primary concern
- Attend to repair of connections to partners / family / children
- What does a woman want; who is important in her life; who she wants involved in her treatment
- Referrals to treatment for partners / significant others



Complexity of Integrating Intimate Partners

- **Substance abuse a problem of “disconnection”:**
 - **Importance of support & relationships**
- **Reality of past trauma, “disconnection”; domestic violence; non-mutual, destructive relationships; safety concerns**
- **Balancing safety concerns**
- **Lack of funding for partner & family services**



- **Pay attention to role of extended family, tribe, community**
 - **Safety nets, emotional and financial support**
 - **Background / history of abuse**
- **Explore traditional role of extended family in a woman's life**
 - **How has SA, MI & trauma affected these relationships**
- **Develop plan for reconnection or “reconstructing” alternatives to biological extended family**
 - **Address grief and loss**



Address Parenting

- **Address grief and loss, allow mourning, sadness**
- **Help resolve issues of past behavior with children**
- **Help maintain contact with children**
- **Help decide what and how, to tell their children**
- **Promote involvement in getting help / support for their children**



Progression of Recovery for Parents

- 1. Need to retain some denial to protect fragile self-image**
- 2. Expression of guilt and shame**
- 3. Understanding of past behavior as consequence of addiction, mental illness, and trauma and attempt to survive, not deliberate or intentional**
- 4. Look at own childhoods & how wish to raise their own children**



Progression of Recovery for Parents

5. Develop self-empathy
6. Develop self-forgiveness
7. Able to look honestly at impact on the children
8. Able to encourage children's expressions of feelings about their experiences



Relational / Empowerment Approach

- **Empowering relationship is a partnership**
- **Is collaborative, respectful, egalitarian, open & sharing-fostering competence, strengths & confidence**
- **Challenges traditional substance abuse treatment confrontational model**



- Need images that empower rather than stigmatize / victimize
 - Women in treatment as survivors
- Major way to help women recover through empowerment & connection
- Recovery takes place within context of relationships – cannot occur in isolation



Addiction

Mental Illness = Contraction of Connection

Trauma

Recovery = Expansion of Connection



“Commonality with other people carries with it all the meanings of the word common. It means belonging to a society, having a public role, being part of that which is universal. It means having a feeling of familiarity, of being known, of communion. It means taking part in the customary, the commonplace, the ordinary & the everyday. It also carries with it a feeling of smallness, of insignificance, a feeling that one’s own troubles are ‘as a drop of rain in the sea’. The survivor who has achieved commonality with others can rest from her labors. Her recovery is accomplished, & all that remains before her is her life.”

***Judith Herman, M.D.
Trauma & Recovery***



Relational, Trauma-Informed Care:

- *Our task:* Change surrounding relational context from unresponsive and / or abusive to safe, nurturing & empowering
- *Treatment / recovery milieu:* Web of relationships rather than hierarchy of power & control
- *Focus on:* Safe & nurturing individual, family, staff, system relationships



Relational, Trauma-Informed Care

- **Stresses creation of safe, nurturing non-hierarchical / collaborative and non-oppressive environments for clients and staff**
- **Open – direct communication, responsibility sharing**



Relational Trauma-Informed Care

- **Provide physically & emotionally safe and supportive environments [staff and clients]**
- **Role models for clients**
 - **Parenting**
 - **Collaboration / power sharing**



Appropriate Care Includes:

- **Comprehensive, ongoing assessment**
- **Appropriate crisis management**
- **Collaborative symptom management**
- **Psychoeducation & skill-building**
- **Peer support**
- **Collaborative discharge planning**



Assessment

- **Conduct a comprehensive, holistic assessment**
- **Engage in individualized, collaborative treatment & discharge planning-choice is empowering**
- **Address:**
 - **Substance abuse**
 - **Mental illness**
 - **Trauma symptoms**
 - **Building emotional & empowerment skills**
 - **Relational issues**



Appropriate Crisis Management

- Staff should be trained in managing women in a nonaggressive & nonthreatening manner, realizing that women have been victimized predominately by men & abandoned by their female protectors
- Advance directives - - Find out what actions or events cause distress & what interventions staff can use that can calm the women
- Careful explanation of what procedures will be used should chemical &/or physical restraint be required



Psychoeducation

- Substance abuse & its impact
- Mental illness & its impact
- Trauma & its impact
- How substance abuse, trauma, & mental illness interact
- Distinguishing healthy & unhealthy relationships
- Parenting
- Self-care
- Sexuality
- Life skills
- Pre-vocational skills



Treatment Programs Should:

- **Be based on identification of women's strengths**
- **Avoid a confrontational approach**
- **Offer a safe, nurturing, supportive environment**
- **Be trauma-informed**
- **Integrate issues of violence / trauma & mental illness into treatment**
- **Promote bonding among women**
- **Have a strong female presence on staff**



Treatment Programs Should:

- **Have staff that can develop authentic / trusting relationships with clients & who model healthy, mutual relationships themselves**
- **Offer women-only treatment sessions**
- **Provide child care & other services for children**



Treatment Programs Should:

- Involve *safe* significant others in treatment
- Be culturally / linguistically appropriate
- Address relationship issues, including sexuality/
sexual orientation



Participatory/ Social Justice Focus

- Supports involvement of women in advocating for achievement of political, cultural, social, economic equality
- Encourages full participation by women in program planning, implementation, evaluation, policy & research
- Interactions with providers defined by mutual respect & collaboration

Relational

- Includes attention to relational issues/disconnections
- Addresses relational barriers to recovery
- Addresses needs of families, significant others, children

Individualized

- Takes into consideration experiences / concerns unique to each woman including her experiences of violence, her role(s) as homemaker, worker, caregiver
- Sequenced by levels of readiness, goals & priorities

- Promotes & strengthens sources of individual, group, environmental resilience
- Involves empowerment of women to be informed participants in their health care, with right to control their own bodies
- Supports women learning from, and with, each other
- Recognizes & builds on women's strengths

Empowering

- Promotes culturally competent care
- Recognizes impact of :
 - Age, sexual orientation
 - Language, disability
 - Geography, financial & informational constraints
 - Culture, social, economic, environmental conditions of women's lives

Respectful of Diversity

Safe

- Establishes emotionally, spiritually, culturally & physically safe environments
- Incorporates approaches that actively consider the likelihood of women's experience of violence
- Uses trauma informed & trauma specific approaches

Holistic

- Applies knowledge of bio-psycho-social-spiritual factors in provision of comprehensive care
- Avoids unnecessary medicalization of natural life changes related to reproduction, menopause and child birth

Comprehensive

- Recognizes linkages among physical, emotional, spiritual, cultural aspects of care
- Supports increased collaboration & partnering across health sectors, disciplines & professions
- Supports use of alternative and complementary therapies
- Includes health promotion, education prevention, treatment / rehabilitation

Women Centered Care



What Changes as Women Heal

- **Increased ability to manage symptoms**
- **Increased understanding of way trauma, mental illness & substance abuse have impacted her life**
- **Increased understanding of symptoms as attempts to cope**
- **Increased empowerment & agency**
- **Increased capacity for mutuality, empathy, authenticity in relationships**



What Changes as Women Heal

- **Increased quality of life**
- **Increased self-esteem**
- **Integration of substance abuse, mental health & trauma history into a complex identity**
- **Increased future orientation & hopefulness**
- **Increased sense of meaning & purpose**



Four Stages of Healing

- 1. Assessment & acute stabilization**
- 2. Engagement**
- 3. Active recovery**
- 4. Future Orientation**



I. Assessment & Acute Stabilization

Service Goals

- **Stabilize acute symptoms**
- **Conduct comprehensive assessment**
- **Increase awareness of frequency of difficulties (normalize)**
- **Increase awareness of connection between mental health, physical health, substance abuse, difficult relationships & trauma**
- **Early establishment of possibility of a clinical supportive relationship**
- **Instill hope**



I. Assessment & Acute Stabilization

Interventions

- **Substance abuse – detoxification**
- **Mental health – initial medication evaluation**
- **Trauma – initial safety plan**
- **Initial psychoeducation**



I. Assessment & Acute Stabilization

Outcomes

- **As much safety as possible**
- **Harm Reduction**
- **Self-knowledge regarding substance abuse, mental illness & violence**
- **Accurate labeling of abuse, mental health & substance abuse concerns**
- **Seeking help**



II. Engagement

Service Goals

- **Treatment plan that addresses all 3 areas.
Woman chooses from a range of options:
Substance abuse-abstinence as ultimate goal**
- **Develop advance directives**
- **Woman begins to explore interaction of 3 issues
& how they function in her life**



II. Engagement

Interventions

- **Education & information**
- **Empowerment & choices**
- **Self-help**
- **Trauma-specific skill-building groups**



II. Engagement

Outcomes

- **Growing collaboration with provider / advocate**
- **Increased willingness to discuss all 3 issues**
- **Increased self-care**
- **Increased self-assessment**
- **Beginning alliance with peers**



III. Active Recovery

Service Goals

- **Work with woman to develop ways for her to address & manage symptoms**
- **Relapses a cue for increased collaborative planning & problem-solving**
- **Assist woman in anticipating & planning for high-risk situations**
- **Address whole person recovery**

Interventions

- **Individual and / or group psychotherapy that includes exploration of traumatic events**



III. Active Recovery

Outcomes

- **Sustained periods of sobriety**
- **Strong alliance with provider / advocate**
- **Initiates activities**
- **Uses & trusts own decision-making & problem solving**
- **Increased self-regulation, decreased self-harm**
- **Increased mutuality, empathy & authenticity in relationships**
- **Clarity-improved cognitive functioning**
- **Improved boundaries**
- **Self-assertion**



IV. Future Orientation

Service Goals

- **Development of future orientation & realistic hopefulness**
- **Needs are met through a range of community network resources**
- **Self-directed service system use**
- **Realistic planning for future life goals**

Interventions

- **Individualized goal planning (parenting; vocational counseling; safe, permanent housing; ongoing supports & services)**



IV. Future Orientation

Outcomes

- **Satisfying participation in work, education, family**
- **Satisfying, healthy mutual relationships**
- **Increased self-esteem**
- **Increased well-being**
- **Improved quality of life**
- **Symptoms are manageable**
- **Substance Abuse, mental illness & trauma history integrated in overall context of woman's life**
- **Sense of meaning & purpose**



Autobiography In Five Short Chapters

by Portia Nelson

I.

I walk down the street.

There is a deep hole in the sidewalk

I fall in

I am lost...I am helpless

It isn't my fault.

It takes forever to find a way out.

II.

I walk down the same street.

There is a deep hole in the sidewalk

I pretend I don't see it.

I can't believe I am in the same place.

but, it isn't my fault

It still takes a long time to get out

III.

I walk down the same street

There is a deep hole in the sidewalk

I see it there

I still fall in...it's a habit

My eyes are open

I know where I am

It is my fault

I get out immediately

IV.

I walk down the same street

There is a deep hole in the sidewalk

I walk around it

V.

I walk down another street



Characteristics of Nurturing, Trauma-Informed Organizations

- **Facilitate safe, growth-fostering relationships**
- **Teamwork**
- **Listen to / support workers**
- **Promote mutual interactions among staff / administrators**
- **Respect for individual boundaries**



Characteristics of Nurturing Organizations

- **Expectation that human encounters are apt to be caring and non-abusive**
- **Fun and laughter**
- **Respect for self, other and the environment**
- **Love of life and learning**
- **Organization, structure and interactions change as members change and as time passes (flexible)**



Nurturing Organizations

- *Organization:*
 - For the benefit of all members
 - To accomplish the organization's tasks
 - To make plans and solve problems
- *Structure:*
 - Inclusive, participatory
 - Decision making process clear
 - Clear roles
 - Flexible – may change over time
 - Room for growth
 - Open – connected to wider network



Nurturing Organizations

- *Interaction:*
 - Affect – expressive and responsive
 - Safe, non-abusive
 - Respect for and interest in each other
 - Acceptance and encouragement of diversity
 - Shared value system